



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	License # 1009544 Lawley-Andolina-Verdi 441 East Avenue Rochester, NY 14607	CONTACT Susan Fantauzzo, CPCU, CRIS NAME: PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED]
		E-MAIL ADDRESS: [REDACTED]
		INSURER(S) AFFORDING COVERAGE INSURER A : Great Northern Insurance Co. 20303
		INSURER B : Federal Insurance Co. 20281
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	REVISION NUMBER:	
							LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	36039157	12/31/2024 12/31/2025	EACH OCCURRENCE \$ 1,000,000				
				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
				MED EXP (Any one person) \$ 10,000				
				PERSONAL & ADV INJURY \$ 1,000,000				
				GENERAL AGGREGATE \$ 2,000,000				
				PRODUCTS - COMP/OP AGG \$ Included				
AGGREGATE \$ 1,000,000								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	73592102	12/31/2024 12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
				BODILY INJURY (Per person) \$				
				BODILY INJURY (Per accident) \$				
				PROPERTY DAMAGE (Per accident) \$				
				\$				
				\$				
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	93646492	12/31/2024 12/31/2025	EACH OCCURRENCE \$ 10,000,000				
				AGGREGATE \$ 10,000,000				
				\$				
				\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	71755910	12/31/2024 12/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
					E.L. EACH ACCIDENT \$ 1,000,000			
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
					\$			
					\$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured and Waiver of Subrogation coverage shown above and marked with an "X". Terms set forth as evidenced by the attached endorsement(s) identified on the ACORD 101.

CERTIFICATE HOLDER

CANCELLATION

City of Powder Springs
4484 Marietta Street
Powder Springs, GA 30127

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Lawley-Andolina-Verdi	License # 1009544	NAMED INSURED Community Showcase Banners, LLC 130 E Main Street Rochester, NY 14604
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

When required by written contract
the following endorsements apply:

General Liability

80-02-2367 (5-07) - Additional Insured & Primary Non-contributory

80-02-2000 (4-01) - Waiver of Subrogation

Automobile

16-02-0295 (11-16) - Additional Insured & Waiver of Subrogation

Umbrella

07-02-0815 (7-01) - Follow-Form